



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 7  
901 NORTH 5TH STREET  
KANSAS CITY, KANSAS 66101

MAY 26 2011

**GENERAL NOTICE LETTER**  
**URGENT LEGAL MATTER**  
**PROMPT REPLY NECESSARY**  
**CERTIFIED MAIL: RETURN RECEIPT REQUESTED**

Mr. Robert E. Holmberg  
Ms. Caroline S. Holmberg  
31103 East Blue Mills Road  
Buckner, Missouri 64016

Re: General Notice Letter for the Former Lyons Diecasting Site  
Buckner, Mo.

Dear Mr. and Ms. Holmberg:

The U.S. Environmental Protection Agency conducted a series of environmental investigations at the former Lyons Diecasting Site (the Site) located at 2300 North Holly Road in Buckner, Mo. The EPA's environmental investigations have documented a release of hazardous substances, including polychlorinated biphenyls (PCBs) at the Site. The EPA is considering spending public funds to cleanup the releases of hazardous substances at the Site. Based on information presently available, the EPA has determined that you may be responsible for cleanup of the Site or costs incurred by the EPA in cleaning up the Site pursuant to the Comprehensive Emergency Response, Compensation, and Liability Act (CERCLA), 42 U.S.C. § 9604(e), as amended, commonly known as the "Superfund" law.

**Explanation of Potential Liability**

Under CERCLA, specifically sections 106(a) and 107(a), potentially responsible parties (PRPs) may be required to perform cleanup actions to protect the public health, welfare, or the environment. PRPs may also be responsible for costs incurred by the EPA in cleaning up the Site, unless the PRP can show divisibility or any of the other statutory defenses. PRPs include current and former owners and operators of a Site, as well as persons who arranged for treatment and/or disposal of any hazardous substances found at the Site, and persons who accepted hazardous substances for transport and selected the site to which the hazardous substances were delivered.



Based on the information collected, the EPA believes that you may be liable under section 107(a) of CERCLA with respect to the Site as a current property owner. The EPA has determined that releases from the former Lyons Diecasting facility, which operated from 1957 until approximately April 2005, resulted in PCB contamination at the Site. While the EPA does not have reason to believe you contributed to or exacerbated the environmental contamination at the Site, you are considered a PRP due to your ownership of the property.

To date, the EPA and the Missouri Department of Natural Resources (MDNR) have taken several response actions at the Site under CERCLA authority. In October 2009, MDNR conducted a Preliminary Assessment/Removal Site Evaluation (PA/RSE), in order to evaluate the nature and extent of contamination at the Site, and to gain a basic understanding of risks posed to human health and the environment by releases from the Site. In October 2010 and again in April 2011, the EPA conducted sampling for a Site Investigation/Removal Site Investigation (SI/RSE) to expand on the October 2009 sampling conducted by MDNR. The results of this investigation indicated that Site conditions pose a threat to human health and the environment, and warrant a removal action per 40 Code of Federal Regulations (C.F.R.) § 300.415(b)(2) of the National Contingency Plan. Multiple PCB sources of contamination have been identified at the Site, including the waste pit located in the main warehouse and the lagoons directly north of it.

#### **Financial Concerns/Ability to Pay Settlements**

The EPA is aware that the financial ability of some PRPs to contribute toward the payment of response costs at a site may be substantially limited. If you believe, and can document, that you fall within that category, you must provide certain information about your finances as itemized in the questions contained in the enclosure, "Individual Ability to Pay Claim."

This form for financial documentation is provided in response to your comments to the EPA at a meeting in February 2011 indicating that you owned the property as individuals, and that you did not have the ability to pay the anticipated costs for the cleanup. If you are no longer asserting an inability to pay, you are not required at this time to complete the form or return it to the EPA.

However, please be aware that pursuant to Section 104(e)(2) of CERCLA, 42 U.S.C. § 9604(e)(2), the EPA has broad information gathering authority, and that providing false, fictitious, or fraudulent statements or representations may subject you to criminal penalties under 18 U.S.C. section 1001. Section 104 of CERCLA, 42 U.S.C. § 9604, authorizes the EPA to pursue penalties for failure to comply with that section or for failure to respond adequately to requests for submissions of required information.

Some of the information the EPA is requesting may be considered by you to be confidential. The information requested herein must be provided notwithstanding its possible characterization as business confidential information or trade secrets. You may, if desired, assert a business confidentiality claim covering part or all of the information requested pursuant to

sections 104(e)(7)(E) and (F) of CERCLA, 42 U.S.C. § 9604(e)(7)(E) and (F), and 40 C.F.R. 2.203(b), by attaching to such information at the time it is submitted a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as "trade secret," "proprietary" or "company confidential." Information covered by such a claim will be disclosed by the EPA only to the extent and only by means of the procedures set forth in 40 C.F.R. Part 2, Subpart B. If no such claim accompanies the information when it is received by the EPA, it may be made available to the public by the EPA without further notice to you.

This Information Request is not subject to the approval requirements of the Paperwork Reduction Act of 1980, 44 U.S.C. § 3501 et seq.

Your response to this Information Request must be mailed within thirty (30) days of your receipt of this letter to:

Robert Richards, EPA Attorney  
Office of Regional Counsel  
U.S. Environmental Protection Agency, Region 7  
901 North 5th Street  
Kansas City, Kansas 66101  
(913) 551-7502

If the EPA concludes that you have a legitimate inability to pay the full amount of the EPA's costs, the EPA may offer a schedule for payment over time or a reduction in the total amount demanded from you.

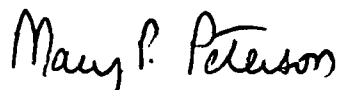
Also, please note that, because the EPA has a potential claim against you, you must include the EPA as a creditor if you file for bankruptcy.

#### **Information to Assist You**

The EPA encourages communication between you and the EPA at the Site. We will provide electronic copies of the PA/RSE, the SI/RSE, and other relevant information for your review upon request. The EPA will establish an Administrative Record that contains documents that serve as the basis for the EPA's selection of a cleanup action for the Site. The Administrative Record will be located at the Mid-Continent Public Library, Buckner Branch, 19 East Jefferson Street, Buckner, Mo., and will be available to you and the public for inspection and comment. The Administrative Record will also be available for inspection and comment at the Superfund Records Center, EPA Region 7, 901 North 5<sup>th</sup> Street, Kansas City, Kan.

Please give this matter your immediate attention. The description above summarizes the EPA's environmental investigations at the Site. The EPA would like to discuss with you potential cleanup response actions at the Site. Please contact Mike Davis, EPA On-Scene Coordinator, at (913) 551-7328, or email at [davis.michaelb@epa.gov](mailto:davis.michaelb@epa.gov) within ten (10) business days of the date of this letter if you are interested in discussing the Site response actions. If the EPA does not hear from you within this time frame, we may proceed with a fund lead response action. If you have questions of a legal nature regarding this letter, please contact Robert Richards at (913) 551-7502 or email at [Richards.Robert@epa.gov](mailto:Richards.Robert@epa.gov).

Sincerely,

A handwritten signature in black ink that reads "Mary P. Peterson". The signature is written in a cursive style with a large, stylized "M" and "P".

Mary Peterson, Acting Chief  
Emergency Response and Removal South Branch  
Superfund Division

cc: Dennis Stinson, MDNR

**INDIVIDUAL ABILITY TO PAY CLAIM**  
Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly, if you feel your situation is not adequately described through the information requested here. **Failure to answer all the questions clearly and completely may result in denial of your claim of inability to pay.**

**Certification**

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the United States Government to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**County of Residence** \_\_\_\_\_

## PART I. BACKGROUND INFORMATION

### 1. MEMBERS OF HOUSEHOLD (List the head of the household and all persons living with you)

Name	Age	Relationship to Head of Household	Currently Employed?
1.			
2.			
3.			
4.			
5.			
6.			
7.			

### 2. Employment (List all jobs held by persons in household)

Name	Employer	Length of Employment	Annual Salary
1.			
2.			
3.			
4.			
5.			
6.			
7.			

2a. If you have other employment, state the name and address of your employer, the position held by you, the date(s) you began this employment, period of payment and salary.

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**2b. Are you self-employed or do you own all or any part of a business as sole owner, partner, or stockholder?**

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**2c. If your answer to the previous question is in the affirmative, state the name and address of the business, the type of business conducted, the form of business organization, (e.g. corporation, partnership, sole proprietorship), the date you acquired your interest in the business, the nature of your ownership interest, the present value of your interest, how and when you draw from it, your office or position in the business, the name and address of each officer, director, or partner of the business, and the name and address of each location at which the business is conducted.**

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**2d. Were any articles of incorporation, partnership or certificates of doing business under a fictitious name filed with any governmental agency by the enterprises mentioned in the preceding question?**

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**2e. If so, for each such filing, state: (i) the nature of the document filed, (ii) the location where filed, and (iii) the date of filing.**

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**3. INCOME (List all income earned by persons in the household. If members of the household other than the applicant and spouse earn income, please itemize on a separate page.**

	Gross (Pre-Tax)		Period of Payment (check one)			
Source	Applicant	Spouse	Weekly	Monthly	Quarterly	Yearly
Wages/Salaries						
Sales Commissions						
Investment Income(interest, dividends, capital gains, etc.)						
Net business Income						
Rental income						
Retirement income (Pension, Social Security, etc.)						
Child Support						
Alimony						
Other income (please itemize)						

3a. If your spouse or any dependent claimed by you is self employed or owns all or any part of a business, state the name and address of the business, the nature of his or her ownership interest, and the amount of the income derived.

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3b. Give an accurate account of the financial condition of this business for the last three years, including a statement of assets, inventories, liabilities, gross and net income, and the amount of any undistributed profits in the business. (PLEASE ATTACH)

3c. State the source and amount of any income received by (1) you, (2) your spouse, and (3) your dependents, other than that stated above.

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3d. What accounts receivable, notes receivable, checks for \$ 1000 or more, mortgages, liens, leases, royalties, or pledges of personalty do (1) you, (2) your spouse, or (3) your dependents, own or hold, whether in your name or the name of another, what is their value, and where are the evidences of ownership located?

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3e. When and where did you last file a Federal income tax return, and what was the amount of the gross income reported? Please attach **SIGNED** copies of Federal income tax returns for the last three years, including all schedules and attachments.

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## PART II. CURRENT LIVING EXPENSES

Please list personal living expenses which were typical during the last year and indicate if any of these values are likely to change significantly in the current year. Please do not include business expenses. If you are the owner of an operating business, please attach any available financial statements.

Expense	Amount	Weekly	Monthly	Quarterly	Yearly	For Agency Use ONLY
A. Living Expense						
1. Rent or Mortgage Payment						
2. Home Maintenance						
3. Auto fuel maint./other transp.						
4. Utilities						
a. Fuel (gas, oil, propane)						
b. Electric						
c. Water/sewer						
d. Telephone						
5. Food						
6. Clothing, personal care						
7. Medical costs						
B. Debt Payments						
1. Car payments						

Expense	Amount	Weekly	Monthly	Quarterly	Yearly	For Agency Use ONLY
2. Credit card payments						
3. Other loan payments						
4. Other loan payments						
C. Insurance						
1. Household Insurance						
2. Life Insurance						
3. Automobile Insurance						
4. Medical Insurance						
D. Taxes						
1. Property taxes						
2. Federal income taxes						
3. State income taxes						
4. FICA						
E. Other Expenses						
1. Childcare						
2. Current School tuition						
3. Legal or Prof Services						
4. Other (itemize on separately)						
Total Current Expenses						

### PART III. NET WORTH

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; please note all estimates with an "E".

If you are the sole proprietor of a business, please list business assets and liabilities in addition to personal assets and liabilities. Please list the business assets and liabilities on a separate page.

#### 1. BANK ACCOUNTS (Checking, NOW, Savings, Money Market, CDs etc.)

Describe and state ownership and value of any account or shares held by (1) you, (2) your spouse, (3) your dependents, or (4) anyone on your behalf in any bank, building and loan association, saving institution, cooperative, or credit union.

Name and Address of Bank or Institution	Type of Account	Current Balance
1.		
2.		
3.		
4.		
5.		
6.		
For Agency Use only - Total Current Balance in Bank Accounts		

**2. INVESTMENTS (Stock, Bonds, Mutual Funds, Options, Futures, Real Estate Investment trusts, etc.)**

Investment	Number of Shares or Units	Current Market Value
1.		
2.		
3.		
4.		
5.		
For Agency Use Only - Total Estimated Market Value of Investments		

**3. RETIREMENT FUNDS AND ACCOUNTS (IRA, 401(k), Keogh, vested interest in company retirement)**

Description of Account	Estimated Market Value
1.	
2.	
3.	
4.	
For Agency Use Only - Total Estimated Value of Retirement Funds and Accounts	

**4. LIFE INSURANCE POLICIES (Whole Life, Universal Life, etc.)**

State the names and address of all insurers with whom you have policies of life or accident insurance. List the date, face value, and cash surrender value of each policy, and specify which policies are payable to your estate.

Policy Holder	Issuing Company	Policy Value	Cash Value
1.			
2.			
3.			
4.			
5.			
For Agency Use Only - Total Value of Life Insurance Policies			

**5a. VEHICLES USED FOR COMMUTING PURPOSES ONLY**

Brand and Model	Year	Estimated Market Value
1.		
2.		
For Agency Use Only - Total Estimated Market Value of Vehicles		

**5b. OTHER VEHICLES (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Boats, Airplanes, etc.)**

Brand and Model	Year	Estimated Market Value
For Agency Use Only - Total Estimated Market Value of Vehicles		

**6. PERSONAL PROPERTY (Describe the Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc., valued at \$ 1,000 or more per item or \$ 5,000 or more in the aggregate owned by (1) you, (2) your spouse, or (3) your dependents.**

Type of Property	Estimated Market Value
1.	
2.	
3.	
4.	
5.	
6.	
For Agency Use Only - Total Estimated Market Value of Personal Property	

**7a. REAL ESTATE - PRIMARY RESIDENCE (Home-List only one such residence)**

Location	Legal Description of Property	Estimated Market Value

**7b. OTHER REAL ESTATE (Land, Buildings, Land with Buildings, Mineral Rights)**

Location	Legal Description of Property	Estimated Market Value
1.		
2.		
3.		
4.		
5.		
For Agency Use Only - Total Estimated Market Value of Real Estate		

**8. OTHER ASSETS -**

8a. Have you made or do you hold or own, or have a lien upon, any claim by suit or otherwise against the United States or any other party?

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8b. (i) Do you have any vested or contingent future interest in any property, or to the payment of any money, for any reason whatsoever?

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(ii) If so, state the nature and source of such interest, the location of the property, the identity and address of any person or institution that may be involved, the circumstances that will cause the property or money to inure to your benefit, and the probable value or amount.

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8c. (i) Is any money or property held in trust for (1) you, (2) your spouse, or (3) your dependents?

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(ii) If so, state the name and address of the trustee or other fiduciary, identify the trust, state what monies or property are held in trust, the value, and the date upon which the trust is to terminate.

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8d. If any monies or property are held in trust for (1) you, (2) your spouse, or (3) your dependents, state the amount of income which is or may be received, the timing of such payments, give the value of the corpus of trust which may be distributed to (1) you, (2) your spouse, or (3) your dependents, and the expected date of distribution.

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8e. What other sources of income or property, actual or potential do (1) you, (2) your spouse, or (3) your dependents have which you have not disclosed in answer to previous questions, and what is the value?

Type of Asset	Estimated Market Value
1.	
2.	
3.	
4.	
5.	
For Agency Use Only - Total Other Assets	

**9. CREDIT CARDS AND LINES OF CREDIT**

Credit Card/Line of Credit (Type)	Owed To	Balance Due
1.		
2.		
3.		
4.		
5.		
6.		
For Agency Use Only - Total Balance Due on Credit cards and Lines of Credit		

**10. VEHICLE LOANS (Cars, Trucks, Motorcycles, Motor Homes, Travel Trailers, Airplanes, etc)**

Vehicle (Model and Year)	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
For Agency Use Only - Total Balance Due on Vehicle Loans				

**11. FURNITURE AND HOUSEHOLD GOODS LOANS**

Type of Loan	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
For Agency Use Only - Total Balance Due - Furniture & Hhg Loans				

**12. MORTGAGES AND REAL ESTATE LOANS**

Type of Loan	Owed To	Property Secured Against	Balance Due	Start Date	End Date
1.					
2.					
3.					
4.					
For Agency Use Only - Total Balance Due - Mortgages and Real Estate loans					

**13. OTHER DEBT (Amounts due to individuals, Fixed Obligations, Taxes Owed, Overdue Alimony Child Support, etc.**

Type of Debt	Owed To	Balance Due	Start Date	End Date
1.				
2.				
3.				
4.				
5.				
For Agency use only - Total Balance Due on Other Debt				

13a. Are any suits or judgments pending against you?

13b. If so, state the full details, including the dates and amounts of recent payments made for you and whether your salary has been garnished and by whom.

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#### **PART IV. ADDITIONAL INFORMATION**

Please respond to the following questions. For any question that you answer "Yes" please provide a detailed explanation on separate pages or at the bottom of this page.

<b>QUESTION</b>	<b>YES</b>	<b>NO</b>
1. Do you have any reason to believe that your financial situation will change during the next year?		
2. Are you currently selling or purchasing any real estate?		
3. Is anyone (or any entity) holding any real or personal property on your behalf, (trust)?		
4. Are you the party in any pending lawsuit?		
5. Have any of your belongings been repossessed in the last three years?		
6. Are you a Trustee, Executor, or Administrator?		
7. Are you a participant or beneficiary of an estate or profit sharing plan?		
8. Have you declared bankruptcy in the last seven years?		
9. Do you receive any type of federal aid or public assistance?		